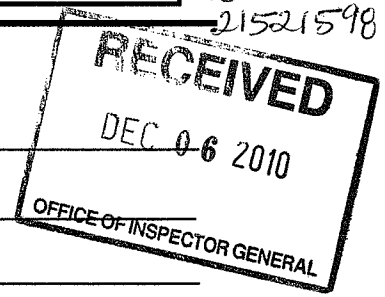


Application for License to  
Operate a Long-term Care Facility

For Office Use Only  
Received 12-6-10  
Amount \$1395.-

emailed Validation  
letter 12/28/10

Ch# 21521598



I. IDENTIFICATION

Name Sunrise Manor Nursing & Rehabilitation Center  
Address 200 Norfleet Drive  
City/County/Zip Somerset Somerset Pulaski county 42501  
Telephone number 606/678-5104  
Administrator Jill Spurgeon jspurgeon@extendicare.com  
Date facility operation began at current address 1969  
Date facility began operation under current owner 1985

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>93</u>	<u>93</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	<u>Profit</u>	Individual
County	<u>Nonprofit</u>	Partnership
City		<u>Corporation</u>
<u>Private</u>		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Extendicare Homes, Inc.  
111 West Michigan Street  
Milwaukee, WI 53203

(OVER)

12/31

If facility owned or leased by a corporation, complete the following:

Name of corporation Extendicare Homes, Inc.  
Address of corporation 111 West Michigan Street, Milwaukee, WI 53203  
President or Chairman Timothy Lukenda  
Vice President David B. Pearce  
Secretary Jillian E. Fountain  
Treasurer Douglas J. Harris

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>Extendicare Health Facility Holdings, Inc.</u>	<u>N/A</u>
<u>111 West Michigan Street</u>	<u></u>
<u>Milwaukee, WI 53203</u>	<u></u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

  
\_\_\_\_\_  
Signature of authorized representative

Vice President  
Title

11/29/10  
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**EXTENDICARE HEALTH SERVICES, INC.**  
**OFFICERS AND DIRECTORS**

David B. Pearce \*

Vice President, General Counsel & Asst. Secretary  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8406

County: Jefferson  
State: Kentucky  
Country: USA

Jillian E. Fountain

Corporate Secretary  
3000 Steeles Avenue East, Suite 700  
Markham, Ontario  
L3R 9W2  
Canada  
(905) 470-5557

County: Hamilton  
State: Bermuda  
Country: Canada

Douglas J. Harris\*

Senior Vice President,  
Chief Financial Officer, and Treasurer  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8000

County: Toronto, York  
State: Ontario  
Country: Canada

Janet L. Kreilein

Assistant Treasurer, Director of Taxation  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8460

County: Dubois  
State: Indiana  
Country: USA

LaRae L. Nelson

Vice President, Reimbursement  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8295

County: Benson  
State: North Dakota  
Country: USA

Timothy L. Lukenda\*

President and  
Chief Executive Officer  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8000

County:  
State: Sault Ste Marie  
Country: Canada

\* above denotes Directors.

Each of these officers and directors has never had a Medicare or Medicaid provider number in Ohio or any other state, nor have they had any ownership interests in other organizations that have billed for Medicare services. Each officer and director has never had any adverse legal action imposed by Medicare, Medicaid or any other federal agency or program. The six (6) officers and directors currently manage or direct other organizations that have billed or that are currently billing for Medicare services as shown in this Disclosure Statement.